

Challenge Grant II Program Evaluation Survey

This survey will become part of your county's Challenge II contract with the Board of Corrections. For purposes of this survey:

- “Program” refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses.
- “Research Design” refers to the procedures you will use to test the stated hypotheses for your Program. In some instances you will have more than one Research Design for a Program, in which case a separate survey must be completed for each Research Design.
- “Project” refers to all the work that you propose to do with Challenge Grant II. For example, if you have two Programs and two Research Designs for each Program, the entire effort would constitute your Project (and you would complete four surveys).

To simplify the task of completing this survey, we refer you to several sources; 1) the initial Research Design Summary Form, 2) your Program’s responses to the technical compliance issues identified during the grant review, and 3) the Request for Additional Information form distributed at the Challenge II Evaluators Meeting on June 23, 1999. If no additional information was requested of a particular item on the Research Design Summary Form, enter the original text into the appropriate space below. If more information was requested, provide a more complete response. In either case, please provide the additional information requested by any follow-up question.

1.	County: San Francisco City and County	
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2. **Program Name:** Current Challenge Grant participants have found it useful to pick a name that helps them to create a Program identity (two examples are the “IDEA” Program and the “Home Run” Program). Indicate the title you will be using to refer to your Program.

Our proposed project name is “*Project Impact*”.

3. **Treatment Interventions: Describe the components of the Program that you will be evaluating. Another way of saying this is, “Describe how the ‘treatment’ juveniles (those in the Program) will be treated differently than the comparison juveniles (e.g., more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare, etc.).”**

Project Impact seeks to create a single process through which juvenile offenders with emotional disabilities will be identified, assessed, and supported through a continuum of services. In a coordinated and collaborative effort, the Mayor’s Criminal Justice Council, Juvenile Probation Department (JPD), Community Mental Health Services (CMHS), and Department of Human Services (DHS) will provide a comprehensive interagency system of care to reduce recidivism and provide better services among this targeted population.

The following six core activity areas will be tracked and evaluated by the evaluation consultant throughout the project’s implementation: 1) Early identification, screening, and assessment of youth with emotional disabilities; 2) Continuum of services and placement levels of such youth; 3) Educational support (tutoring); 4) Day treatment program; 5) Collaborative multi-agency training; and 6) Integrated data-sharing system of information from the juvenile justice system, CMHS, and DHS.

The following activities and interventions will be made available to the treatment group of Project Impact (see grant application and descriptions below for detail):

Comprehensive Assessment and Development of Case Plan
Continuum of Services for Youth with Emotional Disabilities:
 Placement Readiness Program
 Day Treatment
 Mobile Support Team
 Intensive Case Management and Wraparound Services
 Community Alliance Network
 Educational Support/Tutoring

- 3(a). **The table below contains an exhaustive list of interventions that might be part of your Program. Use the appropriate number to distinguish the recipients, if any, of each of these interventions. If a particular intervention will not be part of your Program, please write a "0" in the box.**

"1" - Treatment group only
"2" - Both groups with differences in specific intervention
"3" = Both groups with no differences in specific intervention
"4" = Comparison Group Only

2	Multi-disciplinary assessment to identify needs/plan interventions	0	Single point of entry/one-stop service center
0	Day Reporting Center	0	Multidisciplinary case management
0	Community Resource/Service Center	0	Restorative Justice Program
0	Neighborhood based prevention activities	0	Victim mediation/restoration
0	Teen Court	0	Institutional commitment
0	Neighborhood Accountability Boards	0	Transitional care
0	Victim advocacy	0	Voice tracking
1	On-site school (<i>Day Treatment Program</i>)	0	Community-oriented problem solving
0	Homework assistance	0	Reconciliation
0	Language proficiency development	0	Rigorous academic program
0	Monitor truancy through contact with schools	1	Tutoring (<i>Educational Support/Tutors</i>)
0	Probation officers on site: Prevention	0	ESL instruction

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0	Probation officers on site: Intervention	0	Educational incentives
0	Social skills development	0	Mentoring
0	Life skills counseling	0	Life skills training
0	Youth leadership development	0	Swift and certain response
0	Parenting training - for youth	0	Emancipation skills training
1	Mental health counseling	0	Parenting training - for parents of youth
1	Family counseling	0	Sexual abuse counseling
1	Family counseling with involvement of extended family	0	Parenting counseling
0	Family conferencing	0	Parental prosecution
0	Family re-unification	0	Create multi-family support groups
0	Respite care	0	CPS referral
0	Family mentors	0	Medical services
0	Peer counseling	0	Physical therapy
0	Health education	0	Conflict resolution services
0	Conflict resolution training	0	Financial support
0	Anger management	0	Residential care
0	Finance management training	0	Clothing
0	Housing and food	0	Use of probation volunteers
0	Expedited case assignment and management	0	Vocational counseling
0	Community based restorative justice	0	Employment
0	Vocational training	0	Community service - paid
0	Job placement	0	Community service - unpaid
0	Pay restitution	0	Transportation
2	Intensive probation supervision	0	Behavioral contract
2	Probation supervision, not intensive	0	Speech therapy
0	Recreation activities	0	Outreach workers
0	After school programs	1	Other (Specify): Placement Readiness Program
2	Crisis intervention (<i>Crisis Stabilization</i>)	1	Other (Specify): Mobile Support Team
0	Electronic monitoring	1	Other (Specify): Community Alliance Network
1	Alcohol abuse counseling and support	0	Other (Specify):
1	Substance abuse counseling and support	0	Other (Specify):
1	Increase PO contact with other community agencies serving the family/youth (e.g., schools, mental health)	0	Other (Specify):

“Other” Descriptions:

Placement Readiness Program:

This program will act as an in-custody, short-term therapeutic environment for youth awaiting out-of-home placement. This program will work to prepare youth for a less restrictive placement environment, as well as reducing the decompensation of youth and addressing other behavioral issues. The *Placement Readiness Program* is designed to be both educational and therapeutic. *Placement Readiness* will provide individual and group therapeutic activities, individualized education and tutoring services, arts therapy, theme-based activity groups, substance abuse counseling, and medication management. The *Placement Readiness Program* will communicate with prior placements and with families/caregivers to better understand youths’ needs, develop a plan of care, and provide closure.

Mobile Support Team (MST):

Youth with emotional disabilities frequently fail placements when the appropriate level of service and support are not available to meet the needs of the youth or the provider of placement. *Project Impact* will work to increase placement stability by establishing multi-disciplinary *MST*'s including a substance abuse/mental health clinician, psychiatrist, and family/youth mentors. The *MST* will provide on-site support to emotionally disabled youth placed in all levels of placement from Relative Foster Care up to Level 14 facilities. When a youth acts up, exhibits behavior that indicate he or she is getting ready to escape, or is at risk of being terminated from the placement, the *MST* will be sent to the placement location to provide intensive services until the situation is stabilized. With this additional specialized and intensive support during crises, placement failures are expected to be reduced for emotionally disturbed youth.

Community Alliance Network:

The *Community Alliance Network* will work with *Project Impact* to maintain youth identified with emotional disabilities in the lowest level of restrictive placement possible, while maintaining and/or strengthening the youth's connection to the community and his/her family. The *Network* will be comprised of community-based service providers from targeted neighborhoods in San Francisco (Bayview, Mission, Chinatown/Tenderloin, and Western Addition). These neighborhoods were selected based upon data gathered during the Local Action Plan I and II processes.

Community Alliance agencies will act as step-down services in the *Project Impact* system of care, providing follow-up services to youth which have been in more restrictive levels of care. Additionally, these agencies will take youth directly from the Placement Team at Juvenile Probation when a lower level of placement is determined to be appropriate. These agencies will provide case management and supervision of youth referred through *Project Impact*. They will have parent and peer organization and support, and have access to a range of culturally-appropriate services. In addition, *Community Alliance* agencies will be supported by the Mobile Support Teams and will receive training in identifying mental health issues and in the Wraparound Model of providing services.

4. **Research Design: Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).**

The proposed evaluation plan utilizes a *experimental design*, with *random or systematic assignment* of participating juvenile offenders into either an intervention or control cohort.

Only youth and families meeting the *Project Impact* pre-screening criteria will be considered for random or systematic assignment. Youth and families assigned to the intervention cohort will participate in the program interventions delineated earlier in this survey; youth and families in the control cohort will engage with Juvenile Probation services to the extent defined by the current system. The specific evaluation and research *aim* of the proposed three-year experimental design is to:

Test the effectiveness of a comprehensive, culturally-competent interagency system of care that will transform the service capacities for probation referred youth with emotional disabilities through initial screening, family focused assessment and care planning, establishment of a network of community and supportive services and increased coordination of data sharing.

Our two specific outcome *hypotheses* for *Project Impact* are:

Hy1: *Compared to control group youth, Project Impact participants will show significant differences in decreased delinquent behaviors, increased probation compliance, reduced out-of-home placements and failures, and improved academic progress.*

Hy2: *Compared to control group youth, Project Impact youth will show significant differences with lower levels of depression, increased family and school bonding, and increased self-efficacy skills.*

The evaluation and research aim and hypotheses stated above will also guide the choice of independent research variables for this three-year research design utilizing a time series, repeated measures approach. Through a repeated measures methodology, this design will reflect a baseline measure and follow-up assessments administered at 6, 12 and 24-month intervals when possible.

The proposed experimental design will include both process and outcome components, with multiple outcome measures matched to critical intervention variables. Up to a maximum of four assessment points may be available for intervention and control youth/families; the actual number of assessment points will be determined by the remaining duration of the program funding period at time of youth/family entry into Project Impact.

- 4a. Check (✓) the statement below that best describes your Research Design. If you find that you need to check more than one statement (e.g., True experimental and Quasi-experimental), you are using more than one Research Design and will need to complete a separate copy of the survey for the other design(s). Also, check the statements that describe the comparisons you will be making as part of your Research Design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to treatment and control groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous groups (treatment and comparison)
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input checked="" type="checkbox"/>	Other: True experimental with random or systematic assignment to treatment and comparison groups
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, Single Assessment
<input type="checkbox"/>	Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
<input checked="" type="checkbox"/>	Pre-Post Assessment with Single Post-Program Assessment
<input checked="" type="checkbox"/>	Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
<input type="checkbox"/>	Other (Specify)

- 4b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Not applicable.

5. **Cost/Benefit Analysis:** Indicate by checking “yes” or “no” whether or not you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per juvenile of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and, c) your assessment of the program’s future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.

Cost/Benefit Analysis	
✓	Yes
	No

- 5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed.

The cost analysis and cost effectiveness study of *Project Impact* will be compared to Juvenile Probation services utilized by the control youth and families. This research question will also be explored in relation to successful outcomes, as specified by the two proposed hypotheses. Archival and current data sets will be utilized to explore: **1)** cost per youth and family receiving intervention services; **2)** potential cost savings as defined by successful intervention youth and family outcomes; and **3)** recommendations for the projected future of *Project Impact* services based upon preliminary cost/benefit analyses findings.

6. **Target Population:** This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include age, gender, risk level, legal history, wardship

status, geographical area of residence, etc.

Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility (e.g., school failure as measured by suspensions/expulsions or by low grade point average)

For each intervention and control youth, baseline process data will be collected at program entry through a pre-screening form ascertaining basic demographic and risk factors. Prior to the random assignment, the participation eligibility of referred youth and families will be assessed by a screening team (comprised of a CMHS mental health worker and SFJPD probation officer) utilizing an intake form (Phase I). The intake form will reflect the six risk factors identified for chronic juvenile offenders listed below, with participation eligibility requiring youth and families to meet at least one of these conditions. Upon completion of the initial screening process, eligible youth and families will then complete a more comprehensive, family-focused assessment (Phase II) administered by trained program mental health staff. In addition, it is planned that all eligible youth will be screened according to a set of risk indicators. Potentially up to three risk levels may be determined through the use of risk indicators such as the Problem Oriented Screening Instrument for Teenagers (POSIT; see 6a), a NIDA-developed instrument for youth and juvenile offenders.

Under this planned design, upon determination of risk levels, youth will be assigned into three risk levels from high to moderate to low as ascertained through their responses on the POSIT. Upon assignment into any of the three levels, we will randomly assign youth into treatment and control groups, at a ratio of three treatment youth to two control youth (approximately 60% treatment, 40% control). To implement this randomization, we will develop a random table for each of the three risk blocks with equal numbers of one through six. As youth are assigned into the level, all youth in sequence assigned to the random numbers one through four are assigned to experimental conditions, while the youth assigned to the randomly dispersed digits four and five will be assigned to the control condition. The evaluation staff will conduct the assignment into the intervention or control cohort following completion of the Phase II assessment.

As an alternative to further refine the sampling procedure, the evaluation team will continue to explore using a block sampling procedure utilizing systematic assignment into three blocks representing the high, moderate, and low risk levels. Upon achieving a minimum four youth in any one of the blocks, systematic assignment would be utilized to assign each of the four youth into treatment or control. In any one block, an assignment pattern would be used (e.g. ABBA with the highest risk youth assigned to one treatment while the second two are assigned to control and the last into treatment). An appropriate and valid assignment pattern would need to be found to maintain the proposed sampling sizes for treatment and control. Recent studies (McAweeney & Klockars, 1998)* have indicated that systematic assignment may lead to increased power over the use of random assignment particularly in skewed distributions of data through the use of block design and ANCOVA for statistical analysis. Given the possible significant variation in risk of the population served, categorization into risk levels (3) would provide greater differentiation of the population and provide further refinement of any effect of the intervention on the differing levels of need of the youth. However, if following a review and pilot of the assignment procedure with potentially eligible youth, the desired sampling ratio cannot be attained and/or the waiting periods for block assignments become lengthy, we will default this block assignment to the initial random assignment by risk category.

Finally, youth and family consent for participation in Project Impact will be secured prior to initiation of any program or evaluation activities; confidentiality will be maintained throughout all aspects of data collection and youth and family participation.

Potentially eligible youth and families will be first referred from the juvenile justice system. Youth need to be 17 years of age or younger, currently under Juvenile Probation supervision or referred to Juvenile Probation, and identified as having at least one DSM-IV diagnosis which prevents them from functioning in family, school, and/or the community (DSM-IV diagnosis to be conducted in the Phase II assessment). In addition, at least one of the following eligibility requirements must be identified during the Phase I, pre-screen intake process:

- 1) **Child Protective Services:** If youth has been in a Level 10 or higher placement or has been in three or more placements at any level in the past two years.
- 2) **Community Mental Health:** If youth has been in any out-of-home placement at any time during his/her lifetime or has had any past involvement with the Family Mosaic Project.
- 3) **Education:** If youth is in a Seriously Emotionally Disturbed (SED) classroom or has an AB3632 Special Education residential placement designation.
- 4) **Juvenile Probation:** If youth has had more than three referrals to Juvenile Probation during the past two years; if he/she was under 14 years old at first referral; or if his/her current charge is drug/alcohol related

or
The youth's behavior during the screening interview indicates need for a comprehensive mental health assessment

or
The youth's family/caregiver discloses need for further mental health assessment.

Since an experimental design will be utilized, youth and families for the comparison group will be randomly or systematically selected from the same subject availability pool used for the treatment group. Therefore, the same eligibility requirements will apply to both the intervention and comparison groups.

*M. J. McAweeney, & Klockers, A. J., (1998) Maximizing Power in Skewed Distributions: Analysis and Assignment, *Psychological Methods*, 3(1), pgs. 117-122.

- 6a. **Describe any standardized instruments or procedures that will be used to determine eligibility for Program participation, and the eligibility criteria associated with each (e.g., "high risk" as measured by the XYZ risk assessment instrument, a score of "X" on the CASI, etc.).**

An existing instrument is not available utilizing the above eligibility criteria. The intake/eligibility instrument is under development. Standardized instruments are available that will be used for case assessment and outcome evaluation (see #11 and #14). In order to determine risk levels for assignment, we are considering the use of the Problem Oriented Screening Instrument for Teenagers (POSIT) developed by Dr. Elizabeth Rahdert for the National Institute on Drug Abuse (NIDA). The POSIT is a brief screening self-report tool of 139 yes/no items available in both Spanish and English for teenagers between 12 and 19 years of age. It can indicate further clinical needs or assessments of youth as well as provide aggregate data for surveys of youth. In addition, it delineates three risk categories for youth.

7. **Sample Size:** This refers to the number of juveniles who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program, etc). In addition, there will probably be juveniles who participate in the Program you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research, or they may enter into the Program too late for you to conduct the mandatory minimum of six months follow up of the juvenile after Program completion). Using the table below, indicate the number of juveniles who will complete the treatment interventions or comparison group interventions, plus the minimum six months follow up period. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Provide a breakdown of the sample sizes for each of the three Program years, as well as the total Program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)				
Program Year	Treatment Group (Hy1) ^a	Comparison Group (Hy1) ^a	Treatment Group (Hy2) ^b	Comparison Group (Hy2) ^b
First Year	150	100	20	20
Second Year	350	233	50	50

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Third Year	135	104	30	30
Total	655	437	100	100
Unit of Analysis (Check one)				
<input checked="" type="checkbox"/>	Individual Youth		Family	
<input type="checkbox"/>	School		Geographic Area (e.g., neighborhood)	
<input type="checkbox"/>	Other		Other:	

^a Sample size for main hypotheses reflects 3-year aggregate totals following allowance for attrition and third year evaluation close-out activities. Youth and families entering the program during the last six months of the third project funding year will not be eligible to participate in outcome evaluation assessments. Following a specific risk assignment, youth will be randomly (or systematically) assigned to either treatment or comparison group.

^b Participating youth and families in Hy 2 will be randomly selected from those already assigned to a treatment or control group for Hy1.

8. Key Dates:

- **“Program Operational”** is the date that the first treatment subject will start in the Program.
- **“Final Treatment Completion”** is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow up period).
- **“Final Follow Up Data”** is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available).

Program Operational Date: April 1, 2000 (all project components to be available April 1; some components to start January 2000)

Final Treatment Completion Date: November 1, 2001

Final Data Gathering Date: May 1, 2002

9. Matching Criteria: Whether or not you are using a true experimental design, please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history, parental criminal history, etc.

The proposed research design will not utilize any matching criteria since it follows an experimental design with random or systematic assignment of eligible youth and families to either the intervention or control cohort. However, preliminary data analyses will be conducted annually for both the data sets collected during the corresponding 12-month period. Prior to this data analyses, an initial t-test analyses will be conducted to determine the presence of any significant demographic differences (i.e., age, gender, ethnicity, juvenile justice history) between the control and intervention groups. If there are significant demographic differences or non-equivalence between the groups, these variables will be held constant via repeated measures ANCOVA during analyses.

9a. After each characteristic listed above, describe how it will be measured.

The proposed research design will not utilize any matching criteria. However, preliminary data analyses will be conducted annually for both the data sets collected during the corresponding 12-month period. Prior to this data analyses, an initial t-test analyses will be conducted to determine the presence of any significant demographic differences (i.e., age, gender, ethnicity, juvenile justice history) between the control and intervention groups.

9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?

If there are significant demographic differences or non-equivalence between the groups, these variables will be held constant via repeated measures ANCOVA during analyses. Moreover, the alternative and proposed use of a block

design with systematic assignment could avoid many of the issues of non-equivalence or extreme skewness (kurtosis) of the data.

- 9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.**

Not applicable.

10. **Comparison Group:** The intent here is to document the kind of comparison group you will using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects - in that case enter "true experimental design" in the space below. However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched schools, matched geographical areas, other matched counties, a matched historical group, etc.

Please identify the source of your comparison group.

True Experimental Design.

11. **Assessment Process:** The intent here is to summarize the assessment process that will determine the nature of the interventions that the juveniles in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc.

Project Impact will conduct a two-phase screening of all youth admitted to Juvenile Hall or brought to the Community Assessment and Referral Center (CARC) in order to identify youth with emotional disabilities. During **Phase I**, an intake team (CMHS Social Worker and Juvenile Probation Officer) will conduct a pre-screening to determine youth and family eligibility for program services, within two hours of intake. The *Project Impact* eligibility criteria are summarized below (see treatment group eligibility). If the youth does not present any mental health needs or meet the eligibility criteria during **Phase I**, the traditional Juvenile Probation intake process will be followed.

For eligible youth and families, a more comprehensive assessment (**Phase II**) will be conducted within 48 hours (for youth detained at Juvenile Hall) and within two weeks for youth returned to the community and required to return to Juvenile Probation. This will be a comprehensive family-focused assessment conducted by trained mental health staff. The Child and Adolescent Functional Scale (CAFAS), a California state-approved assessment tool currently utilized by CMHS, will be used for this assessment.

Following the **Phase II** assessment, the development of a comprehensive, family-focused care will begin for treatment minors that addresses treatment, social services, and recovery needs for the youth. This care plan will be developed by a Probation Officer and Mental Health Team and include the participation of immediate and extended family members and caregivers to the highest extent possible. The care plan will follow directly from the needs uncovered during the comprehensive assessment (i.e., mental health, substance abuse, educational issues, and successful life functioning skills). The care plan will also include the identification of existing or potential strengths and resources.

Following completion of the care plan, the Probation Officer and Mental Health Team will present a placement recommendation for the youth to the *Project Impact* Placement Team. This team will include representatives from Juvenile Probation, CMHS, DHS, and other mental health service providers. Youth and family will then accordingly access the continuum of services available through the *Project Impact* established system of care. Re-evaluation of youth and family needs and issues will occur on an ongoing basis throughout participation in *Project Impact*. Additional standardized outcome assessments by the evaluation staff will also be administered to a randomly selected subgroup of intervention and control youth and families to determine changes over time (the Hypothesis 2 subgroup).

- 11a. **Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.**

For eligible youth and families, a comprehensive assessment (**Phase II**) will be conducted within 48 hours (for youth detained at Juvenile Hall) and within two weeks for youth returned to the community and required to return to Juvenile Probation. This will be a comprehensive family-focused assessment conducted by trained mental health staff. The Child and Adolescent Functional Scale (CAFAS), a California state-approved assessment tool currently utilized by CMHS, will be used for this assessment.

11b. Identify, which assessment instruments, if any, will also be administered to comparison group subjects.

A comprehensive assessment (**Phase II**) will be conducted within 48 hours (for youth detained at Juvenile Hall) and within two weeks for youth returned to the community and required to return to Juvenile Probation. This will be a comprehensive family-focused assessment conducted by trained mental health staff. The Child and Adolescent Functional Scale (CAFAS), a California state-approved assessment tool currently utilized by CMHS, will be used for this assessment. For all comparison subjects, process data sets (contacts with the juvenile system, length of placements, academic grades and attendance) will serve as the primary progress indicators.

12. Treatment Group Eligibility: Indicate the process by which juveniles will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

Treatment youth and families eligibility will be determined following the eligibility and assessment processes described above (#6 and #11). Potentially eligible youth and families are first referred from the juvenile justice system. Youth need to be 17 years of age or younger and currently under Juvenile Probation supervision or referred to Juvenile Probation. In addition, at least one of the following eligibility requirements must be identified during the Phase I, pre-screen intake process:

- 1) Child Protective Services:** If youth has been in a Level 10 or higher placement; or has been in three or more placements at any level in the past two years.
- 2) Community Mental Health:** If youth has been in any out-of-home placement at anytime during his/her lifetime; or has had any past involvement with the Family Mosaic Project.
- 3) Education:** If youth is in a Seriously Emotionally Disturbed (SED) classroom; or has an AB3632 Special Education residential placement designation.
- 4) Juvenile Probation:** If youth has had more than three referrals to Juvenile Probation during the past two years; if he/she was under 14 years old at first referral; or if his/her current charge is drug/alcohol related
or
The youth's behavior during the screening interview indicates need for a comprehensive mental health assessment
or
The youth's family/caregiver discloses need for further mental health assessment.

13. Comparison Group Eligibility: Indicate the process by which juveniles will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.

Since a random or systematic experimental design will be utilized, youth and families for the comparison group will be selected from the same subject availability pool used for the treatment group (#6).

13a. If procedures for determining the eligibility of participants for the Comparison Group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups on critical characteristics?

Not applicable.

Major Hypothesis (Hy1) Juveniles in the treatment group will achieve significantly better results in terms of the following:			
Outcome Variables	Score/Scale	Additional Information^a	Significance Test
1. Delinquent behaviors	Frequency/severity of contacts with juvenile justice system/recidivism.	<ul style="list-style-type: none"> See footnotes below for additional information; applies to all outcome variables See evaluation work plan narrative for more details 	Applies to all outcome variables: <ul style="list-style-type: none"> t-test ANOVA ANCOVA (if applicable) Multiple regression Linear modeling, path analyses, structural equation modeling (if feasible)
2. Probation compliance	Probation Officer report; Likert-scale rating of youth progress (to be developed by evaluation staff); restitution/community service completion, if applicable.		
3. Out-of-home placements	Frequency, length and level of placements.		
4. Out-of-home outcomes	Outcome of each placement; Likert-scale rating completed by Probation Officer, program staff, youth, parents, (ratings form to be developed by evaluation staff).		
5. Academic progress	Academic semester grades from SFUSD		
6. School attendance	Frequency of school tardiness/absenteeism from SFUSD		

^a **Additional Information:**

- Additional data partitions will be identified following initial t-test analyses to determine any significant demographic differences between groups (i.e., intervention/control, by gender, ethnicity, juvenile justice history, other identified confounding factors).
- In addition, within the intervention group, outcomes for youth with successful vs. unsuccessful program completion will be analyzed.
- Additional variables will be considered for the cost analyses, as specified in the evaluation work plan narrative and per BOC Challenge Grant II requirements.
- Use of linear modeling (LM), path analysis and structural equation modeling (SEM) may also be considered to describe interrelations between the variables. It is plausible that some or all the dependent variables are interrelated (latent variables) and dynamically interact to effect youth recidivism. Given the small sample size, structural equation models will only be feasible if the data reveals strong bivariate relationships among predictors and between predictors and the dependent variable.

Additional variables and analyses may be identified with additional data sets from existing institutional

Secondary Hypothesis (Hy2) Juveniles in the treatment group will achieve significantly better results in terms of the following:			
Outcome Variables (one to be used from each of the following categories)	Standardized Scale^b	Additional Information^a	Significance Test
1. Depression	<ul style="list-style-type: none"> Childhood Depression Inventory (Beck, 1978) Youth Self-Report (final) (Achenbach, 1991) 	<ul style="list-style-type: none"> Reliability/validity information for standardized instruments are presented in Table 2, Evaluation Narrative 	Applies to all outcome variables: <ul style="list-style-type: none"> t-test ANOVA ANCOVA (if applicable) Multiple regression Linear modeling, path analyses, structural equation modeling (if feasible)
2. Family bonding	<ul style="list-style-type: none"> FACES II (Olson, Portner, & Levee, 1992) final Parent/Adolescent Communications Scale (Barnes & Olson, 1982) final Conflict Behavior Questionnaire (Prinz, 1979) 	<ul style="list-style-type: none"> See Footnote A below for more information; applies to all outcome variables 	
3. School bonding	<ul style="list-style-type: none"> Peabody Individual Achievement Test - Revised Markwardt (1989) (final) Behavioral and Emotional Strengths Scale (Epstein, 1996) 	<ul style="list-style-type: none"> See evaluation workplace narrative for more details 	
4. Self-efficacy skills	<ul style="list-style-type: none"> Piers Harris Children Self-Concept Scale (Piers & Harris, 1969) final Hare Self-Esteem Scale (Hare, 1996) Child Behavior Checklist (final) (Achenbach, 1991) 		

^a **Additional Information:**

- Additional data partitions will be identified following initial t-test analyses to determine any significant demographic differences between groups (i.e., intervention/control, by gender, ethnicity, juvenile justice history, other identified confounding factors).
- In addition, within the intervention group, outcomes for youth with successful vs. unsuccessful program completion will be analyzed.
- Additional variables will be considered for the cost analyses, as specified in the evaluation work plan narrative and per BOC Challenge Grant II requirements.
- Use of linear modeling (LM), path analysis and structural equation modeling (SEM) may also be considered to describe interrelations between the variables. It is plausible that some or all the dependent variables are interrelated (latent variables) and dynamically interact to effect youth recidivism. Given the small sample size, structural equation models will only be feasible if the data reveals strong bivariate relationships among predictors and between predictors and the dependent variable.
- Additional variables and analyses may be identified with additional data sets from existing institutional databases.

^b Finalization of outcome instruments in progress; following is a list of instruments currently under consideration.

14. **Outcome Variables:** In the table above, list some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include grade point average, truancy, arrest rate, successful completion of probation, petitions sustained, alcohol and drug problems, risk classification, etc.
15. **Score/Scale:** To "measure" the effects produced by your Program, you must put the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change score indicating education achievement progress). For each variable for which you are making a hypothesis, indicate in the table above the measurement that you will be statistically analyzing when you test your hypothesis.
16. **Additional Information:** To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender or make differential hypotheses for different age ranges. Supplying "additional information" is optional; but if there is some aspect of the hypotheses testing that is important for us to know about, please supply it in this section in the table above.
- 16a. For each outcome variable that will not be measured by a standardized assessment procedure, describe the procedures that will be used. For instance, if your county has developed a risk-assessment tool that you will be using to measure change, please describe how it works.

See table above for 16a.
17. **Significance Test:** In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section in the table above, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

The basic proposed study design is an experimental design, with random or systematic assignment and a time series approach. Key outcome measures will be collected at a minimum of two and a maximum of 4 points in time, with assessments conducted according to the timeline delineated above. At each assessment point, participant progress will be assessed across a number of domains, consistent with intervention goal. These domains will include juvenile activities, school bonding, academic achievement, life skills, and family interactions and bonding. Changes in these variables will be assessed either through outcome instruments or by collection of archival and institutional data accumulated over the prior 6-months (i.e., school attendance/grade reports). Each will be rendered as an interval scale variable suitable for parametric analysis.

The basic analysis will be a within-subjects ANOVA, with both factors treated as within-subjects. Of prime interest is the interaction: *Will the treatment group change on the key dependent variables relative to the control group?* Each dependent variable will initially be analyzed individually. The measures of improvement are too diverse to be meaningfully aggregated to an omnibus "improvement" index, so a multivariate design will not be considered. Protection against familywise Type I error from multiple independent ANOVAS will be accomplished via a Bonferroni adjustment of the alpha. Planned orthogonal comparisons of the within-subject factor will include baseline vs. (6/12/24 months), as well as comparisons between each of the different combinations of assessment points.

Changes in staffing, environment, or exposure to changing community factors could create variance irrelevant to the intervention. Due to this potential confound, results will be compared across cohorts for statistically significant differences. If differences are found, descriptive demographic variables will be dummy coded and held statistically constant via ANCOVA in the final analysis.

For the intervention cohort only, use of linear modeling (LM), path analysis and structural equation modeling (SEM) may also be considered to describe interrelations between the variables. It is plausible that some or all the dependent

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variables are interrelated (latent variables) and dynamically interact to effect youth recidivism. For example, one plausible path would hypothesize that the trait self-esteem influences both school participation/identity and isolation and, ultimately, juvenile activity and re-arrest. The trait may, at the same time, affect re-arrest directly and indirectly, secondary to its effect on the youth's social functioning. Given the small sample size, structural equation models will only be feasible if the data reveals strong bivariate relationships among predictors and between predictors and the dependent variable.

- 14a.** The table below contains an exhaustive list of the outcomes for which hypotheses have been developed by different Challenge II Programs. In the column to the left, check (✓) those outcomes that will be evaluated as part of your research design. For each such item, check the boxes to the right if you will also be collecting data for this variable for the period preceding program entry (Pre-Program) and/or for the period during program participation (During Program).

✓ Here if Applicable	Outcome	✓ Here if Data Will Also be Collected for Conduct/Status Prior to or During Program	
		Pre-Program	During Program
✓	Risk Factors	✓ (hy 1 and 2)	✓ (hy 2)
	Time to Complete Risk Assessment		
✓	Arrest/Referral (any)	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	# of Arrests/Referrals	✓ (hy 1 and 2)	✓ (hy 1 and 2)
	Type(s) of Arrest(s)/Referral(s)		
✓	Petitions Filed (any)	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	Sustained Petitions (any)	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	# of Sustained Petitions	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	Type(s) of Sustained Petition(s) <i>(most serious petition)</i>	✓ (hy 1 and 2)	✓ (hy 1 and 2)
	Adult Convictions (any)		
	# of Adult Convictions		
	Type(s) of Adult Convictions		
✓	Institutional Commitment (any)	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	# of Institutional Commitments	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	Commitment Time	✓ (hy 2)	✓ (hy 2)
✓	Completion of Institutional Commitment	✓ (hy 2)	
✓	Restitution Ordered	✓ (hy 2)	✓ (hy 2)
	Restitution Amount		
✓	Restitution Paid	✓ (hy 2)	✓ (hy 2)
	Amount of Restitution Paid		
	Court-Ordered Work		
	Court-Ordered Work Hours		
	Court-Ordered Work Completed		
	# of Court-Ordered Work Hours Completed		
✓	Court-Ordered Community Service	✓ (hy 2)	✓ (hy 2)
	Court-Ordered Community Service Hours		
✓	Court-Ordered Community Service Completed	✓ (hy 2)	✓ (hy 2)
	# of Court-Ordered Community Service Hours Completed		
✓	Education-Enrollment Status	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	Education-Grade Level	✓ (hy 1 and 2)	✓ (hy 1 and 2)
	Education-Credits Earned		
✓	Education-Grade Point Average	✓ (hy 1 and 2)	✓ (hy 1 and 2)
✓	Education-Expulsions	✓ (hy 1 and 2)	✓ (hy 2)
✓	Education-Suspensions	✓ (hy 1 and 2)	✓ (hy 2)

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	Gang Involvement		
√	Alcohol Use	√ (hy 1 and 2)	√ (hy 2)
√	Drug Use	√ (hy 1 and 2)	√ (hy 2)
	Runaway		
√	Wardship Status	√ (hy 1 and 2)	√ (hy 1 and 2)
	Informal Probation Status		
	Contacts with Probation Officer		
√	Family Functioning	√ (hy 2)	√ (hy 2)
√	Self Esteem	√ (hy 2)	√ (hy 2)
√	Use of Community Services		√ (hy 2)
√	Self-Protective/Avoidance Behavior	√ (hy 2)	√ (hy 2)
√	Client Satisfaction		√ (hy 2)
√	Family Attitudes	√ (hy 2)	√ (hy 2)
	Social Skills		
	Pregnancy/Child Birth Rate		
	Perceived Control Over Life		
	Community Attachment – Sense of Membership		
	Time to Initiate Supervision		
√	Referrals to Community Agencies		√ (hy 2)
√	Other (Specify): Mental Health /Depression	√ (hy 2)	√ (hy 2)
	Other (Specify):		
	Other (Specify):		
	Other (Specify):		
	Other (Specify):		

The following questions are supplemental to the Research Design Summary Form and will help us understand how you intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, parent attitudes, etc. If so, what will be collected and how?

Required BOC data elements will be included as part of the intake data collection process.

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant)? What is the timeframe for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

Using both quantitative and qualitative methodologies, the process evaluation component will: **1)** provide a description of Project Impact; **2)** provide utilization data on delivered services (tracked with assistance from Resource Development Associates); and **3)** collect descriptive information regarding program implementation processes and interventions via youth/family individual interviews, youth focus groups, evaluation team observations of program activities and assessed satisfaction with the development of project objectives.

An accurate depiction of Project Impact will be captured through documentation of: **1)** project planning (problem definition, selection of component and project goals/objectives); **2)** collaborator/staff recruitment, hiring and training processes; and **3)** implementation of the project management plan. Planning documentation will include: staff meeting agendas and minutes, staff participation, and responses to questionnaires and interviews conducted with staff, teachers and administrators (administered annually). Adherence to program fidelity during the

implementation phase will also be assessed for each program component and its corresponding activities. This will be tracked through review of progress indicators, such as intervention curriculums and protocols, program procedures, and planning and retreat minutes. Evaluation staff will also attend a sample of implementation and planning meetings and other select activities to assess program fidelity.

Our timeframe for process data collection will begin in the second half of year one, following program implementation. Research assistants will begin to collect data from both a systems perspective as well as a program and individual perspective. The only statistical analysis for process data will be the utilization of linear regression to determine the effect of dosage or frequency of treatment interventions on outcome.

- 20. Describe how you will document services received by the treatment and comparison group members. Examples are: how many family counseling sessions did the family attend, how intense (and by what measure) was the drug treatment, did the subject complete the interventions, etc.?**

The evaluation team will work closely with program and administrative staff to track services delivered to youth and families for both treatment and comparison groups. Some of the departmental collaborators may currently utilize existing tracking systems to collect service activity by type, frequency and duration. Others may not. We will work with the departments to track as best as possible service activity, particularly for control youth. There are current attempts to integrate several information systems in order to extract data. We will determine how this data process may be utilized to obtain system level data, particularly in response to dosage effects for hypotheses 1, if possible. Finally, the evaluation team will assist the collaborating agencies with forms development and implementation of internal service utilization tracking systems.

- 21. What will be the criteria for completion of the program? For instance, will the Program run for a specified amount of time irrespective of participants' growth or lack thereof? If so, how long? Alternatively, will completion be determined by the participants' having achieved a particular outcome? If so, what will that outcome(s) be and how will it be measured? Examples are decreased risk as measured by a particular instrument, improved academic performance, etc.**

Completion of the program will depend more on the client's achievement of his/her treatment plan goals than a fixed length of time or probation completion. While successful completion of court-ordered probation would likely denote a successful case, most of the clients anticipated for this program have serious emotional difficulties and have either been in the juvenile system a long time or typically remain in the system for longer than 6 months or one year.

It is anticipated that the criteria for completion will consist of one or more of the following: Successful completion of a placement program, reduction in the level of care from a more restrictive setting to less restrictive, no new felony offenses (sustained petitions), emotional stabilization of youth, and/or no acute hospitalizations. These criteria may be modified slightly as the program is further developed. Finalized criteria will be sent to the Board of Corrections prior to the start of direct client services (by January 1, 2000).

It is proposed that the minimum amount of time required for a youth to be considered in the treatment group be approximately 3 months of intervention activities.

- 22. If Program completion will be linked to probation terms, how will you record those terms and identify adequate completion? Examples include paying restitution, completing a work program, performing community service, etc.**

Program completion will not be linked strictly to probation terms (see above) but data on probation completion, community service, restitution, and other recidivism data will be tracked.

- 23. On what basis will a subject be terminated from the Program and be deemed to have failed to complete the Program?**

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It is anticipated that criteria for failure of the program will consist of one or more of the following: Sustained petition for a felony offense, placement program failure, increase in the level of placement care (from less restrictive to more restrictive), emotional destabilization of the youth, or acute hospitalization. These criteria may be modified slightly as the program is further developed. Finalized criteria will be sent to the Board of Corrections prior to the start of direct client services (by January 1, 2000).